

9798

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		STATE FILE NO. 561	
1. PLACE OF DEATH		BUREAU OF VITAL STATISTICS		REGISTERED NO. 32	
COUNTY	Yuma	STATE	ARIZONA		
TOWNSHIP	Yuma	OR VILLAGE			
CITY	Yuma	NO.	349-8th Ave.	ST.	WARD
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
LENGTH OF RESIDENCE		HOW LONG IN STATE WHEN DEATH OCCURRED		HOW LONG IN STATE WHEN DEATH OCCURRED	
IN CITY OR TOWN WHERE DEATH OCCURRED 63 YRS 5 MOS 9 DS.		63 YRS 5 MOS 9 DS.		63 YRS 5 MOS 9 DS.	
2. FULL NAME		JESUS CHIOTTO			
(A) RESIDENCE: NO.		Yuma, Arizona		ST. WARD.	
(USUAL PLACE OF ABODE)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)			
Female	Mexican	Married			
5A. IF MARRIED, WIDOWED, OR DIVORCED					
WIFE OF Mike Ghiotto					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1871					
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.	
63	5	9			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.					
Housewife					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma Arizona					
13. NAME Jesus Morales					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico					
15. MAIDEN NAME Brigida Imperial					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mexico					
17. INFORMANT Henry Ghiotto					
18. BURIAL, CREMATION, OR REMOVAL PLACE Yuma Cemetery DATE 2/28/35					
19. EMBALMER					
FUNERAL DIRECTOR					
20. FILED Feb 28, 1935					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/35					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM					
I LAST SAW HIM ALIVE ON					
DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 6:45 A. M.					
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:					
Apathy					
DATE OF ONSET 2-25-35					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:					
High blood pressure					
NAME OF OPERATION					
DATE OF					
WHAT TEST CONFIRMED DIAGNOSIS?					
WAS THERE AN AUTOPSY?					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:					
ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY					
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE					
MANNER OF INJURY					
NATURE OF INJURY					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?					
IF SO, SPECIFY					
(SIGNED) W. B. Lane					
(ADDRESS) Yuma, Ariz.					